

NORTH CAROLINA STATE BOARD OF ELECTIONS AND ETHICS ENFORCEMENT

2018 STATEMENT OF ECONOMIC INTEREST CANDIDATE

919-814-3600 www.ncsbe.gov/Ethics/SEI

2018 ELECTION FILER'S NAME (FIRST, MIDDLE, LAST)						
Prefix	First Name	Middle Nan	ne	Last Name	Suffix	
	Vickie	Burgess		Sawyer		
CURRENT EMPLOYER			ЈОВ Т	TTLE		
Sawyer Insurance and Fina	ancial		Co Ov	vner		
NATURE OR TYPE OF E	BUSINESS					
Insurance						
REASON FOR FILING (S	SELECT ALL THAT APP	LY)				
☐ CANDIDATE For (Specify the office for which you are running)						
Senate						
STATE GOVERNMENT JOB (Specify Agency)			BOARD/COMMISSION (List complete name of all State boards on which you are serving or are being considered)			
JUDICIAL OFFICER (Specify Office)			LEGISLATOR (Specify House or Senate)			

A. Do other immediate far	nily m	embers reside in you	r household?				
✓ Yes □ No							
When used throughout this	s form,	the term Immediat	e family inclu	ıdes your spoi	use (unless legally so	eparate	d). It also includes
members of your extended	l family	y (your and your spo	use's childre	n, grandchildr	en, parents, grandpa	rents, a	nd siblings, and the
spouses of each of those p	ersons)	who reside in your	household.				
List the full name of all a	dults a	nd emancipated mi	nors in your	household. A	minor is a child und	der 18 y	vears old. Minors are
emancipated by marriage,	enlistn	nent in the US milita	ry, or court o	rder for eman	cipation.		
FULL NAME OF ADULTS & EMANCIPATED MINORS	RI	CLATIONSHIP EMPLOYER		OYER	JOB TITLE		NATURE OF BUSINESS
Thomas Brett Sawyer	Husba	ınd	Sawyer Insur Financial	rance and	Co Owner		Insurance and Financial Services
B. List ONLY the initial		-	•				•
Note: You must list the f	1						
INITIALS FOR UNEMANCIPATED CHILDREN	Ri	ELATIONSHIP	TIONSHIP EMPLOYER JOB TITLE			NATURE OF BUSINESS	
BLS	Daugl	nter	Lakeshore Middle School		Student		Student
svs	Daugl	nter	South Iredell High School		Student		Student
PROPERTY INTEREST	rs .						
1. As of December 31, 202	17, did	you, your spouse, or	members of	your immedia	ate family:		
	_	• •		· —	·	ket val	ue of \$10,000 or more?
✓ Yes □ No							
Owner of Real Estat	te	% Ownership	Interest	Loca	tion by City]	Location by County
Brett and Vickie Saweyer		100		Mooresville		Iredell	
Brett and Vickie Saweyer		100	Mooresville		Iredell		
B. Lease or rent real es	tate or	personal property to	or from the S	State of North	Carolina with a mar	ket val	ue of \$10,000 or more?
☐ Yes ☑ No							
Name of Lessor		Name of Lessee	(Renter)		tate, Location by & County	If Per	sonal Property, Describe

2. At any time during $\underline{2016}$ or $\underline{2017}$, did you	ı, your spouse, or mem	bers of your immediate	family sell to or buy from the State of	
North Carolina personal property with a man	rket value of \$10,000 c	or more?		
☐ Yes ☑ No		0.07.77		
Name of Purchaser	Name (of Seller	Type of Property	
FINANCIAL INTERESTS				
3. As of <u>December 31, 2017</u> , did you, your so valued at \$10,000 or more? <u>LIST EACH COO</u> A. <u>Stock</u> in a publicly owned company? ☐ Yes ☑ No	_		own any of the following financial interests	
or pension or deferred compensation	on plans) if: (i) the fund ly member are able to	l is publicly traded or it	al funds, regulated investment companies, s assets are widely diversified; and (ii) n the mutual fund, investment company, or	
Owner of Interest		Full Name of Company (Do not use a ticker symbol)		
B. Stock Options in a company or busine ☐ Yes ☑ No	ss?			
Owner of Stock Optio	n	Full Name of Co	ompany (Do not use a ticker symbol)	
C. Interests in a non-publicly owned compartnerships, joint ventures, limited liability ✓ Yes ☐ No If "No", proceed to ques	companies, limited lia	_	sole proprietorships, partnerships, limited closely held corporations)?	
Owner of Interest		Name of	Company or Business Entity	
100		Sawyer Insurance Inc		

	- ·	•	npany") identified in question 3.C above,
	es or business entities in	which the primary	company owns securities or equity interests
valued at over \$10,000, if known.			
Non-Publicly Owned Company or B Primary Company	usiness Entity (the)	Other Compan S	ies in which the Primary Company Owns Security or Equity Interests
✓ None or Not Known			
C (2). If you know that any company of	or business entity listed i	n 3.C or 3.C(1) abov	we has any material business dealings or
business contracts with the State of North	Carolina, or is regulated		e a brief description of that business activity.
Name of Company or Busin	ess Entity	Descriptio	on of Business Activity with the State
☑ None or Not Known			
4. As of <u>December 31, 2017</u> , were you, you value of \$10,000 or more that was created, Do not list assets held in blind trusts. <u>See 2</u> Yes ✓ No	established, or controlle	ed by you?	mily the beneficiaries of a vested trust with a Vested Trust" and "Blind Trust."
Name and Address of Trustee	Description	of the Trust	Your Relationship to the Trust
5. As of December 31, 2017, did you, your excluding the mortgage on your primary poloans and intra-family debt. Yes No			aily have liabilities of \$10,000 or more, eard debts, auto loans, student loans, personal
Name of Debtor (You, Spouse, Immedi	ate Family Member)	Type of Cred	litor (Commercial Bank, Credit Union, Individual, etc.)

		\$5,000 received by you, your spot	· ·
		government retirement, profession on erquired to be reported on you	
Do <u>not</u> include income received	l from the following sources:		
Capital gains	Federal government reti	rement	
Military retirement	► Social security income/S	SDI	
Recipient of Income	Name of Source	Type of Business/Industry	Type of Income
☐ I had no reportable income ov	er \$5,000 in 2017.		
Brett Sawyer	Sawyer Insurance & Financial	Insurance	Salary
Vickie Sawyer	Sawyer Insurance & Financial	Insurance	Salary
PROFESSIONAL AND CIVIC	CRELATIONSHIPS		
✓ Yes □ No If "No", proce▶ Do not list State boards	eed to question 8.	lic health and safety, or educations a political subdivision of the State	
Name of Person	His/Her Position	Name of Nonprofit Corporation or Organization	Nature of Business or Purpose of Organization
Vickie Sawyer	Chairman of Board	Iredell County Crosby Scholars	Educational training for high school graduates
please provide a brief description		business with the State of North (known or with which due diligence) Describe State Busin	
✓ None or Not Known			
		1	

Please answer the following ques	tion as it p	_			
		Sei	nate		
8. During 2017, were you, your s	pouse, or n	nembers of your immed	diate family a director,	officer, or	governing board member of any
society, organization, or advocac	v group wi	th an interest in matters	 s over which vour agen	ev or board	l may have jurisdiction?
, , ,			•	•	· ·
•		•	as an appointee to those	•	ou are filing because you are a
- 6			TI .		
Do not list organization:	s of which	you are only a member	r (not serving in a leade	rship role)	
Name of Person			, Organization or cy Group	Leadership Position (Director, Officer, Board Member)	
9(a). List the name of each company or business with which you were associated where you or a member of your <u>immediate</u> family was an employee, director, officer, partner, proprietor, or member or manager as of December 31, 2017.					
• • • • • • • • • • • • • • • • • • • •					_
Name of Person	Keia	tionship to Filer	Name of Comp	any	Role of Person
☐ No Business Associations			,		
Vickie Sawyer	Self		Sawyer Insurance		Co-Owner
Brett Sawyer	Husband		Sawyer Insurance		Co-Owner
Vickie Sawyer	Self		El Lago LLC		Managing Member
9(b). If you know that any compa	ny or busii	ness entity listed in 9(a) above had any materia	al business	dealings or business contracts
with the State of North Carolina	or was regu	lated by the State as of	f December 31, 2017, p	rovide a bi	rief description of that business
activity.					
Name of Company or Business Entity			Description of	of Business	s Activity with the State
☐ Not applicable (No entities listed on #9a) ☑ No relationship / Not known					

10. Are you a practicing attorney?					
	cer/State Attorney				
If "Yes", check each category of of more than \$10,000 during 201		or the law firm with wh	nich you ar	re affiliated has earned legal fees	
		☐ Corporate		☐ Criminal	
☐ Decedent's Estates	☐ Environmental	☐ Insurance		Labor	
Local Government	Real Property	Securities		□Tax	
☐ Tort litigation (including negligence)	☐ Utilities Regulation	Other category not li	sted.		
11. <u>During 2017</u> , were you a licentermember of a professional associated Yes □ No		·	ride consul	lting services individually or as a	
Type of	Business	Natu	re of Serv	vices Rendered	
Insurance		Insurance Agent			
Senate 12. Are you or your employer, your spouse or members of your immediate family, or their employer currently: • Licensed by the State board or employing entity with which you are or will be associated or • Regulated by the State board or employing entity with which you are or will be associated or • Have a business relationship with the State board or employing entity with which you are or will be associated? □ Yes □ No ☑ Legislator/Judicial Officer - You are not required to complete this question if you are filing because you are a legislator or a judicial officer ("judicial officer" is defined in the SEI Helpful Tips) or you are filing as an					
Name of Person	Name of Employ	ver (if applicable)		of Relationship (Licensing, Regulatory, Business)	
				· ga · · · · · · · · · · · · · · · · · ·	
13. Are you, <u>your spouse</u> , or a member of your <u>immediate</u> family currently registered as a lobbyist or lobbyist principal or were you registered as such within the <u>12 months preceding your filing of this form</u> ? ☐ Yes ☑ No					
Name of Lobbyist	Lobbyist's Principal	Date of Registra	tion	Registration Expiration	
	l	I .		l	

OTHER DISCLOSURES					
4. During any calendar quarter i candidate), did you	n 2017 (but only the time period a	ofter you were appointed, employe	ed or filed or were nominated as a		
• receive any gift(s) exceeding \$2	200 per quarter from a person or g	roup of persons acting together, a	<u>nd</u>		
• when both you and those perso	n(s) were outside North Carolina	at the time you accepted the gift(s), <u>and</u>		
• the gift(s) were given under cir-	cumstances that would lead a reas	onable person to conclude that the	ey were given for lobbying?		
☐ Yes ☑ No					
 Do not report gifts given 	n by members of your extended fa	mily.			
 Do not report gifts that I Report for Exempted Pe 	have previously been reported by ersons."	you to the Department of the Secr	etary of State on the "Expense		
Date Item Received	Name and Address of Donor(s)	Describe Item Received	Estimated Market Value		
Please answer the following ques	tion as it pertains to the following	hoard/agency:			
rease answer the following ques	Sen				
5. During 2017 (but only the times)	ne period after you were appointed	l, employed, or filed or were nom	inated as a candidate) did you		
• accepted a "scholarship" excee	ding \$200 from a person or group	of persons acting together and			
• those person(s) were outside Ne	orth Carolina and				
• the scholarship was related to y	our public position? A "scholars	hip" is a grant-in-aid, either dir	rect or indirect, to attend a		
conference, meeting, or similar event, including tuition, travel, lodging, meals, and other similar expenses.					
Yes Vo No Judicial Officer - You are not required to complete this question if you are a judicial officer or you are filing as a					
judicial offic	er appointee.				
Do not report gifts that l	have previously been reported by	you to the Department of the Secr	etary of State on the "Expense		
Report for Exempted Pe	ersons."				
Legislators are not required to report scholarships paid by a nonpartisan legislative organization of which the legislator or					
the General Assembly is a member or participant or an affiliate of that organization.					
Date of Scholarship	Name and Address of Donor(s)	Describe Event	Estimated Market Value		

Please answer the following question as it p	ertains to the following board/age	ncy:	
	Senate		
16. Were you appointed or are you being co	nsidered for an appointment to a c	covered boar	d by the Governor or another Council of
State member?			
Council of State members are:			
• Governor	• Lt. Governor	Secretary	of State
State Auditor	• State Treasurer	Superinte	endent of Public Instruction
Attorney General	• Commissioner of Agriculture	• Commiss	sioner of Labor
• Commissioner of Insurance			
☐ Yes ☑ No			
If "Yes", list all contributions you (NOT	immediate family members) ma	de during 20	017 with a cumulative total of more than
\$1,000 to the Governor or other Council	of State member who appointed	you.	
Contributions are defined in N C (C S 163 278 6(6) and include but	are not limit	ted to, "any advance, conveyance, deposit,
			ey or anything of value whatsoever."
distribution, transfer of funds, foan	i, payment, girt, piedge or subscrip	otion of mon	ey or anything or value whatsoever.
Date	Amount		Contributed to
☐ No contribution(s) with a cumulative tota	of more than \$1,000		

Please answer the following question as it pertains to		/:		
	Senate			
17. Are you an appointee or prospective appointee to:				
a. the head of a principal state department (e.g. ca	abinet secretary) appointed	by the Governor;	☐ Yes	☑ No
or			If "No	o", proceed to question
b. a North Carolina Supreme Court Justice, Cour	t of Appeals, Superior or D	istrict Court Judge;	18.	, .
or				
c. a member of any of the following boards:				
• ABC Commission				
 Coastal Resources Commission 				
 State Board of Education 				
 State Board of Elections 				
 Division of Employment Security 				
• Environmental Management Commission				
 Industrial Commission 				
 Human Resources Commission 				
• Rules Review Commission				
Board of Transportation				
• UNC Board of Governors				
• Utilities Commission				
Wildlife Resources Commission				
d. If so, were you appointed or are you being con	sidered for appointment to	that public	Yes	☑ No
position by a Council of State member? Council	of State members are listed	in question 16.	lf ''No	", proceed to question
			18.	, proceed to question
16	/ / 1 1 / C 1	1) 1		_
e. If so, you must indicate whether during 2017 y	•		□Yes	☑ No
in any of the following activities with respect to o				
committee of the Council of State member who a	appointed you to your publi	c position:		
 i. Collected contributions from multiple concontributions, and transferred or delivered the or committee? Contributions are defined in contributions. 	nose collected contributions			
ii. Hosted a fundraiser at your residence or p	place of business?		□Yes	✓ No
iii. Volunteered for campaign-related activit phone banks, event assistance, mailings, can advances the campaign of a candidate?	□Yes	✓ No		
18. Have you ever been convicted of a felony for whi	ch vou have not received ei	ther: (i) a pardon of	innoce	nce: or (ii) an order of
expungement regarding that conviction?	,	(-) F		, ()
☐ Yes ☑ No				
Offense	Date of Conviction	County of Convi	ction	State of Conviction

19. Are you aware of any other information that <i>you believe</i> may ass compliance with the State Government Ethics Act?	sist the State Ethics Commission in advising you concerning your
☐ Yes ☑ No If yes, please provide such information below.	
AFFIRMATION	
I affirm that the information provided in this Statement of Economic accurate to the best of my knowledge and belief.	Interest and any attachments hereto are true, complete, and
I also certify that I have not transferred, and will not transfer, any assistic disclosure while retaining an equitable interest.	set, interest, or property for the purpose of concealing it from
I understand that my Statement of Economic Interest and any attachi	ments or supplements thereto (with the exception of the
Confidential Form regarding Unemancipated Children) are public re	ecord.
I acknowledge that I have read and understand N.C.G.S. 138A-26 reand N.C.G.S. 138A-27 regarding providing false information:	egarding concealing or failing to disclose material information
§ 138A-26. Concealing or failing to disclose material information	on.
A filing person who knowingly conceals or knowingly fails to a statement of economic interest under this Article shall be guilty action under G.S. 138A-45.	disclose information that is required to be disclosed on a of a Class 1 misdemeanor and shall be subject to disciplinary
§ 138A-27. Penalty for false information. A filing person who provides false information on a statement of the information is false is guilty of a Class H felony and shall be	
☑ I Agree. It is my intention that this check box constitutes my electinformation provided in this Statement of Economic Interest and a best of my knowledge and belief.	
Filed Electronically	3/8/2018
Signature	Date
Vickie Burgess Sawyer	
Printed Name	